CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806

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CERTIFICATE OF COMPETENCY APPLICATION FOR EXAMINATION
(Circle the Trade under the Appropriate Level)

MASTER LEVEL (Fee $82.50)

REFRIGERATION   STEAM/HOT WATER   GASFITTER   OIL BURNER   VENTILATION   WARM AIR   PLASTER/STUCCO

JOURNEY LEVEL (Fee $55.00)

REFRIGERATION   STEAM/HOT WATER   GASFITTER   OIL BURNER   VENTILATION/WARM AIR   PLASTER/STUCCO

IMPORTANT! PRINT LEGIBLY OR TYPE!

I,_____ DESIRE TO OBTAIN A CERTIFICATE OF COMPETENCY IN THE TRADE OR CRAFT AS CIRCLED ABOVE AND HEREWITH APPLY. I HAVE FULFILLED ALL PREREQUISITES AS TO STATE LICENSE, AGE, EXPERIENCE AND/OR APPRENTICESHIP. I HAVE PAID THE REQUIRED EXAMINATION FEE WHICH IS NOT REFUNDABLE. IT IS UNDERSTOOD AND AGREED THAT SIX (6) MONTHS MUST ELAPSE BEFORE I CAN REPEAT THIS EXAMINATION AND THAT ALL RULES, REGULATIONS AND DECISIONS OF THE BOARD SHALL GOVERN IN ALL CASES.

Home Address_____ City _____ State _____ Zip_____

Home Phone + Area Code: _____Date of Birth: _____

Present Employer Name: _____

Employer Address: _____City _____ State_____ Zip _____

Employer Phone with Area Code: _____

EXPERIENCE <u>IN THIS TRADE</u> OR CRAFT: (*Please be specific*)

_____

_____

_____

I am an Apprentice registered with MN Department of Labor and Industry under agreement number _____

I have worked at the above designated trade for: _____ Years _____Months

I am the holder of: _____License No. _____ Date_____

_____License No. _____ Date_____

_____License No. _____ Date_____

I solemnly swear that the agreements are true to the best of my knowledge and belief and affix my signature to attest thereto.

Signature _____ *Date* _____

APPLICATION MUST BE SUBMITTED THIRTY (30) DAYS PRIOR TO DATE OF EXAM

APPLICANTS FOR EXAMINATION MUST HAVE VOUCHERS SIGNED AS FOLLOWS:

<u>ALL TRADES</u>

Master Applicants: Vouchers 1 & 2   Journeyman Applicants: Voucher 3

Applicant's Name: _____

MASTER VOUCHER #1 FOR MASTER APPLICANTS ONLY

STATE OF MINNESOTA
COUNTY OF _____

Subscribed and sworn to me this day

_____

I, the undersigned Master Installer of the classification heretofore mentioned, swear that I have personally known the applicant, that the applicant has worked in my employ and under my direct supervision in this trade for ____ years. The applicant is a competent journeyman. I have read the above statements and believe them to be true.

_____   _____

Notary Public   Master's Signature   Certificate #

Print Full Name: _____

MASTER VOUCHER #2 FOR MASTER APPLICANTS ONLY

STATE OF MINNESOTA
COUNTY OF _____

Subscribed and sworn to me this day

_____

I, the undersigned Master Installer of the classification heretofore mentioned, swear that I have personally known the applicant, that the applicant has worked in my employ and under my direct supervision in this trade for ____ years. The applicant is a competent journeyman. I have read the above statements and believe them to be true.

_____   _____

Notary Public   Master's Signature   Certificate #

Print Full Name: _____

VOUCHER #3 FOR JOURNEYMAN APPLICANTS ONLY

STATE OF MINNESOTA
COUNTY OF _____

Subscribed and sworn to me this day

_____

I, the undersigned Master Installer of the classification heretofore mentioned, swear that I have personally known the applicant, for _____ years, that I have read the above statements and believe them to be true. The applicant is a registered apprentice and has received on-the-job and related training as provided by agreement # _____with the Minnesota Department of Labor & Industry, under my supervision.

_____   _____

Notary Public   Master's Signature   Certificate #

Print Full Name: _____

RECORD OF EDUCATION

NAME OF SCHOOL, APPRENTICESHIP PROGRAM OR SPECIAL COURSE	COURSE OF STUDY	YEARS COMPLETED	DATES TO/FROM	DID YOU GRADUATE?	DEGREE OR DIPLOMA

Note: Credit not given for special courses unless written description of course content from the institution is attached to this application.

RECORD OF EMPLOYMENT

List related work experience starting with the most recent employer, be specific.

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	WHERE AND WHAT TYPE OF WORK WAS PERFORMED	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.

(If additional space is needed, use next page of application)

_____
APPLICANT SIGNATURE

NAME, ADDRESS AND PHONE NUMBER OF EMPLOYER	WHERE AND WHAT TYPE OF WORK WAS PERFORMED	LENGTH OF EMPLOYMENT	FROM MO./YR.	TO MO./YR.

(If additional space is needed, use back of application)

_____
APPLICANT SIGNATURE